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DATE: December 30, 2008

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TO: Examiner Michael J. Araj, Group Art Unit 3733
COMPANY: U.S. Patent and Trademark Office

FAX NUMBER: 571-273-8300
PHONE NUMBER:

FROM: Douglas A. Collier

DIRECT DIAL: (317) 238-6333
FAX NUMBER: (317) 636-1507

RE: Response to Office Action for U.S. Patent Application No. 10/825,962 to Aaron D. Markworth

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

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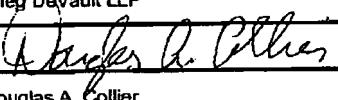
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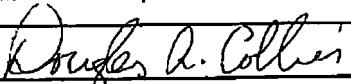
Total Number of Pages in This Submission

Application Number	10/825,862
Filing Date	April 16, 2004
First Named Inventor	Aaron D. Markworth
Art Unit	3733
Examiner Name	Michael J. Araj
Attorney Docket Number	MSDI-951/P32399.00

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Endosure(s) (please Identify below): <input type="checkbox"/> Fax Cover Sheet
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Krieg DeVault LLP	
Signature		
Printed name	Douglas A. Collier	
Date	December 30, 2008	Reg. No. 43,556

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Douglas A. Collier

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

180.00

Complete If Known

Application Number	10/825,962
Filing Date	April 16, 2004
First Named Inventor	Aaron D. Markworth
Examiner Name	Michael J. Araj
Art Unit	3733
Attorney Docket No.	MSDI-951/P32399.00

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>12-2424</u>		Deposit Account Name: <u>Krieg DeVault LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	0.00
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	0.00		
HP = highest number of total claims paid for, if greater than 20.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x	=	0.00		
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	0.00

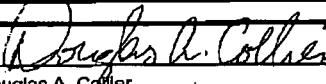
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 43,556	Telephone (317) 636-4341
Name (Print/Type)	Douglas A. Collier		Date December 30, 2008

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